



Date Submitted: _____

VOLUNTEER APPLICATION

425 Washington Street • Monterey, CA 93940 • 831.649.6444

Please note: MYM requires a minimum commitment of 20 hours of volunteer work performed during a one year time period.

APPLICANT INFORMATION:

Full name (first/middle/last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

What position are you applying for?: _____

If in school, School: _____ Grade Level: _____

EMERGENCY CONTACT INFO:

Guardian or Other Contact Name: _____

Phone: _____ Relationship: _____

VOLUNTEER INTERESTS:

Special hobbies, skills, and talents: _____

Languages you speak fluently: _____

SIGNATURE:

Signature of Applicant

Date

Signature of Guardian (required if volunteer is under 18-years-of-age)

Date

MY Museum is an equal opportunity organization and does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability.